



OFFICE OF JUVENILE JUSTICE

NOTIFICATION OF GRANTING OF OFF-CAMPUS WORK INCENTIVE FURLOUGH FOR STATE SEX OFFENDER REGISTRY

NOTE: Form to be submitted **48 hours prior to the youth reporting to the off-campus worksite.**

Date: _____

Name of Youth: _____ Client ID#: _____

Worksite Address: _____
(Business Name)

(Street address, city, state, zip code)

(Contact person and telephone number)

Job Assignment Start Date: _____ Job Assignment End Date: _____

Job Assignment Work Days:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Job Assignment Work Hours: From _____ AM to _____ PM

48 hours prior to work incentive furlough, fax notification to the Bureau, attention Marie Campbell at 225-925-4140 by:

(Name/Title)

(Date/Time)